

EXCISE ACCOUNT		VERMOUTH (SOS) - SPECIAL STORAGE WAREHOUSE						DA 260			
LICENSED WAREHOUSE NAME >>>> PHYSICAL ADDRESS >>>> >>>> >>>> >>>>						WAREHOUSE NUMBER >>>> EXCISE CLIENT CODE >>>> YEAR & MONTH(S) >>>> FROM DATE >>>> TO DATE >>>>					
PRODUCT CODE		UVER		FVER		SVER	OVER				
TARIFF ITEM(S)		104.16.03	104.16.09	104.16.05	104.16.11	104.16.01	104.16.04	104.16.06	104.16.10	104.16.12	
		Packed	Unpacked	Packed	Unpacked	Packed	Packed		Unpacked		
STATISTICAL UNIT		LI						LA			
Opening Balance											
Plus Receipts From C&E Warehouses		DA 260.02									
= SUBTOTAL											
Less Non-Duty Paid Removals		DA 260.04									
= Closing Balance											
Total Balance Check											
DECLARATION I (Name & Surname) _____ IN MY CAPACITY AS _____ FOR (Licensee Name) _____ HEREBY DECLARE THAT ALL INFORMATION SUPPLIED ON THIS DOCUMENT IS TRUE AND CORRECT.											
SIGNATURE		DATE									
FOR OFFICIAL USE ONLY											
CONSOLIDATED DECLARATIONS			ASSURANCE ACTIVITY		NAME		SIGNATURE		DATE		DATE RECEIVED
Code	Number	Date	Accepted								(OFFICIAL DATE STAMP AND SIGNATURE)
			Face Checked								
			Compliance Checked								

